

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 09/11/2005		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 09/13/2005						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	16	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET				
		0	0		0	16	16	0
3404904	WESTERN HIGHLAN	0	0	*** NO DATA TO REPORT ***				
	DS LME							
		0	0		0	0	1591	1591
3404910	PATHWAYS	8599	65	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		5404	31	SEVERE DUPLICATE: SAME ATTD FR	0	181	4345	4157
				OV/PCODE/TOS/DOS/MOD				
		8621	26	60 RESIDENTIAL LEVEL III TREAT				
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
3404912	CATAWBA COUNTYM	8931	140	AMTNC INELIGIBLE TO RECEIVE SE				
	ENTAL HEALT			RVICES IN IPRS.				
		143	41	CLIENT ID NUMBER NOT ON STATE	172	241	2512	2271
				ELIGIBILITY FILE				
		8932	24	CMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404913	MECKLENBURG COM	7003	19	EXCEEDS MAXIMUM UNITS ALLOWED				
	ENTAL HEALT			PER DAY(S)				
		11	9	CLIENT NOT ELIGIBLE ON SERVICE	0	29	459	430
				DATE				
		191	1	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404916	CROSSROADS BEHA	0	0	*** NO DATA TO REPORT ***				
	VIORAL HEAL							
		0	0		0	0	181	181
3404917	CENTERPOINT HUM	23	9171	SERVICE REQUIRES PRIOR APPROVA				
	AN SERVICES			L				
		143	88	CLIENT ID NUMBER NOT ON STATE	0	9259	10041	782
				ELIGIBILITY FILE				
3404918	ROCKINGHAM CO M	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		0	0		0	0	0	0
3404919	GUILFORD CO MEN	8599	51	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	10	DUPLICATE OF CLAIM-SYSTEM	8	78	2211	2133
		10	6	DIAGNOSIS OR SERVICE INVALID F				
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404920	ALAMANCE CASWEL L AREA MH D	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	18	18
3404921	ORANGE PERSON C HATHAM AREA	8599	733	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		5312	67	PRIOR AUTHORIZED DOLLARS EXCEE DED	22	963	4217	3254
		191	45	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404922	THE DURHAM CENT ER	8329	19	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
		0	0		0	19	524	505
3404923	FIVE COUNTY MH	191	5	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
		21	4	DUPLICATE OF CLAIM-SYSTEM	0	17	608	591
		8599	4	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE R FOR MH/DD	8599	516	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	123	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	58	912	7368	6456
		8952	88	CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION				
3404926	SOUTHEASTERN RE G MENTAL HL	8535	391	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
		8599	95	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	27	636	3657	3021
		23	41	SERVICE REQUIRES PRIOR APPROVA L				
3404927	CUMBERLAND CO M HC	8622	132	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
		21	75	DUPLICATE OF CLAIM-SYSTEM	4	363	1235	872
		8621	60	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404929	LEE HARNETT MH/ DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404930	JOHNSTON COUNTY MNTL HLTHC	8599	19	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	7	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	7	29	330	301
		21	1	DUPLICATE OF CLAIM-SYSTEM				
3404931	WAKE CO HUM SVC BILLING OF	8599	151	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	139	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	214	558	6650	6092
		8935	67	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404932	RANDOLPH/SANDHI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	11	75	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8622	30	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	10	156	1168	1012
		191	29	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404934	ONSLow CARTERET BEHAV HEAL	11	135	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	32	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	213	360	147
		8535	32	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8599	48	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	45	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	47	104	3619	3515
		21	5	DUPLICATE OF CLAIM-SYSTEM				
3404937	EDGEcombe NASH MNTL HLTH C	21	64	DUPLICATE OF CLAIM-SYSTEM				
		5404	2	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	0	67	319	252
		191	1	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404938	VGFW DBA RIVERS TONE COUNSE	0	0	*** NO DATA TO REPORT ***				
		0	0			0	0	0
PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404939	NEUSE MENTAL HE ALTH CENTER	21	87	DUPLICATE OF CLAIM-SYSTEM				
		8599	35	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		0	155	691
		24	17	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI				
3404941	PITT CO MH/DD/S AS CENTER	11	31	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0			0	31	110
3404942	ROANKE CHOWANH UMAN SERVIC	8931	6	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IFRS.				
		21	4	DUPLICATE OF CLAIM-SYSTEM		6	15	457
		8599	3	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404943	ALBEMARLE MENTA L HEALTH CE	11	2	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	1	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		0	4	12
		8535	1	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
3404944	EASTPOINTE HUMA N SERVICES	21	1	DUPLICATE OF CLAIM-SYSTEM				
		0	0			0	1	86
3404946	FOOTHILLS AREAM ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0			0	0	63
3404957	TIDELAND MENTAL HEALTH CTR	8599	46	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8329	21	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA		4	81	344
		21	8	DUPLICATE OF CLAIM-SYSTEM				
3404979	NEW RIVER AREAM H/DD/SA PRO	11	506	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0			0	506	593